

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	5/15/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	5/13/01
FORMALITY REVIEW	AM	917	01-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/12/01
2	✓	✓	8-15-01
3	✓	✓	7/1/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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If more than 150 claims or 10 actions  
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